

NPDES

Notification of Change of Ownership Animal Waste Management Facility

(Please type or print all information that does not require a signature)

In accordance with the requirements of 15A NCAC 2T .1304(c) and 15A NCAC 2T .1305(d) this form is official notification to the Division of Water Resources (DWR) of the transfer of ownership of an Animal Waste Management Facility. This form must be submitted to DWR no later than 60 days following the transfer of ownership.

General Information:

Previous Name of Farm: Bowles & Sons Farm 2 Facility No: 31 - 152
 Previous Owner(s) Name: Stan Bowles / Bowles & Sons, Inc. Phone No: 910 - 289 - 2656
 New Owner(s) Name: John Kilpatrick Phone No: 910 - 290 - 0151
 New Farm Name (if applicable): HOG-PACK #1
 Mailing Address: 131 Oak Manor Lane Magnolia NC 28453
 Farm Location: Latitude and Longitude: 34° 53' 32" / 77° 55' 58" County: Duplin
 Please attach a copy of a county road map with location identified, and provide the location address and driving directions below (Be specific: road names, directions, milepost, etc.): From Kenansville, Take Hwy 50 South + turn right on Dobson Chapel Rd. Go approx. 1.5 miles to farm entrance on the left

Operation Description:

Type of Swine	No. of Animals	Type of Swine	No. of Animals	Type of Cattle	No. of Animals
<input type="checkbox"/> Wean to Feeder		<input type="checkbox"/> Gilts		<input type="checkbox"/> Dairy	
<input type="checkbox"/> Wean to Finish		<input type="checkbox"/> Boars		<input type="checkbox"/> Beef	
<input checked="" type="checkbox"/> Feeder to Finish	<u>7344</u>				
<input type="checkbox"/> Farrow to Wean				Type of Poultry	No. of Animals
<input type="checkbox"/> Farrow to Feeder				<input type="checkbox"/> Layer	
<input type="checkbox"/> Farrow to Finish				<input type="checkbox"/> Pullets	

Other Type of Livestock: _____ Number of Animals: _____

Acreage Available for Application: 43.89 Required Acreage: 43.89

Number of Lagoons / Storage Ponds: 2 Total Capacity: _____ Cubic Feet (ft³)

Owner / Manager Agreement

I (we) verify that all the above information is correct and will be updated upon changing. I (we) understand the operation and maintenance procedures established in the Certified Animal Waste Management Plan (CAWMP) for the farm named above and will implement these procedures. I (we) know that any modification or expansion to the existing design capacity of the waste treatment and storage system or construction of new facilities will require a permit modification before the new animals are stocked. I (we) understand that there must be no discharge of animal waste from the storage or application system to surface waters of the state either directly through a man-made conveyance or from a storm event less severe than the 25-year, 24-hour storm and there must not be run-off from the application of animal waste. I (we) understand that this facility may be covered by a State Non-Discharge Permit or a NPDES Permit and completion of this form authorizes the Division of Water Resources to issue the required permit to the new land owner.

Name of Previous Land Owner: Stan Bowles

Signature: X Stan Bowles Date: 4-26-19

Name of New Land Owner: John Kilpatrick

Signature: X John Kilpatrick Date: 4-26-19

Name of Manager (if different from owner): _____

Signature: _____ Date: _____

Please sign and return this form to:

Animal Feeding Operations
 N. C. Division of Water Resources
 Water Quality Regional Operations Section
 1636 Mail Service Center
 Raleigh, NC 27699-1636

June 12, 2015

Animal Waste Management System Operator Designation Form

**WPCSOCC
NCAC 15A 8F .0201**

Facility/Farm Name: Bowles + Sons Farm 2

Permit #: NC A231152 **Facility ID#:** 31-152 **County:** Duplin

Operator In Charge (OIC)

Name: William David Kilpatrick
First Middle Last Jr, Sr, etc.

Cert Type / Number: AWA 989077 **Work Phone:** (910) 290-1984

Signature:  **Date:** 4-26-19

"I certify that I agree to my designation as the Operator in Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities set forth in 15A NCAC 08F .0203 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Back-up Operator In Charge (Back-up OIC) (Optional)

Name: _____
First Middle Last Jr, Sr, etc.

Cert Type / Number: _____ **Work Phone:** () _____

Signature: _____ **Date:** _____

"I certify that I agree to my designation as Back-up Operator in Charge for the facility noted. I understand and will abide by the rules and regulations pertaining to the responsibilities set forth in 15A NCAC 08F .0203 and failing to do so can result in Disciplinary Actions by the Water Pollution Control System Operators Certification Commission."

Owner/Permittee Name: John Kilpatrick

Phone #: (910) 290-0151 **Fax#:** () _____

Signature:  **Date:** 4-26-19
(Owner or authorized agent)

Mail, fax or email the original to:

WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618 Fax: 919.715.2726
Email: certadmin@ncdenr.gov

Mail or fax a copy to the appropriate Regional Office:

Asheville
2090 US Hwy 70
Swannanoa 28778
Fax: 828.299.7043
Phone: 828.296.4500

Fayetteville
225 Green St
Suite 714
Fayetteville 28301-5043
Fax: 910.486.0707
Phone: 910.433.3300

Mooresville
610 E Center Ave
Suite 301
Mooresville 28115
Fax: 704.663.6040
Phone: 704.663.1699

Raleigh
3800 Barrett Dr
Raleigh 27609
Fax: 919.571.4718
Phone: 919.791.4200

Washington
943 Washington Sq Mall
Washington 27889
Fax: 252.946.9215
Phone: 252.946.6481

Wilmington
127 Cardinal Dr
Wilmington 28405-2845
Fax: 910.350.2004
Phone: 910.796.7215

Winston-Salem
450 W. Hanes Mall Rd
Winston-Salem 27105
Fax: 336.776.9797
Phone: 336.776.9800

(Retain a copy of this form for your records)